WAF/

Practitioner's Docket No. <u>U 015200-1</u>

PATENT

NOV 0 6 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hajime MIZUTANI, et al

Serial No.: 10/849,497

Group No.: 1775

Filed: May 19, 2004

Examiner.: Timothy M. Speer

For: IMAGE-PROTECTING FILM, AND IMAGE-PROTECTING METHOD AND

OVERCOATED RECORDED MATTER USING THE SAME

Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

RESPONSE UNDER
37 C.F.R. 1.116
EXPEDITED PROCEDURE

NOTE: To take advantage of the expedited procedure the envelope in which this paper is mailed must be addressed as shown and must also be marked "Box AF" in the lower left hand corner. Alternatively, this paper can be hand carried to the particular Examining Group or other area of the Office in which the application is pending, in which case any envelope in which this paper is placed must be marked as in the bold type box above. Notice of Sept. 20, 1985 (1059 O.G. 19-20).

AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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⊠	deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.							
	37 C.F.R. 1.8(a)	37 C.F.R. 1.10*						
⊠	with sufficient postage as first class mail.	as "Express Mail Post Office to Address"						
	TRA transmitted by facsimile to the Patent and Trade	Mailing Label No. (mandatory) ANSMISSION mark Office. to (571)-273-8300						
Date:	November 2, 2006	Signature CLIFFORD J. MASS (type or print/name of person certifying)						

Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation. Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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(Amendment or Response After Final Rejection-Transmittal-page 1 of 4) 9-20

1.	Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application) for this application.	
NOTE:	Response to Final Rejection—Avoiding Extension Fees "In patent applications wherein a three month Shortened Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two months of the date of the Office Action, If filed within two months, any Advisory Action mailed after the SSP expires will reset the SSP to expire on the date of the Advisory Action for extension fee purposes, but never more than six months from the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591).								
				ST	ATUS				
2.	_	-	n is qualified as						
			l entity.						
	⊠	other t	han a small entity	'.					
3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply for a term of up to six (6) months.								
			EX	TENSIC	ON OF TER	М			
NOTE:	As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (1061 O.G.								
	34-35) states: "If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." (complete (a) or (b), as applicable)								
	(a)	\boxtimes	, <u>-</u>	, ,		-	7 C I	F.R. 1.136	
	(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:								
		Extens	sion.	ī	Fee for other t	than	T	ee for	
		(montl			mall entity	шап		mall entity	
		one me			\$ 120.00		\$	60.00	
	\boxtimes	two m	onths	:	\$ 450.00		\$	225.00	
		three n	nonths	;	\$ 1,020.00		\$	510.00	
		four m	onths	\$ 1,590.00			\$	795.00	
		five m		\$ 2,160.00			\$ 1,080.00		
					Fee:	\$ <u>450</u>			
If addit	ional ex	tension	of time is require (check and con	•		•	refo	r.	
	An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now								
		reques	ted. Extension fee du	ie with tl	his request	\$			
	OR								
	(b)		Applicant believ			fterm is require	ed 14	lowever this condi-	
	(b) Applicant believes that no extension of term is required. However, this cond tional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time (Amendment or Response After Final Rejection—Transmittal—page 2 of 4) 9-20							y that applicant has for extension of time	

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

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□ Fi	irst Prese	entation	of Mult	iple Depender	nt Claim	+ \$180 =	\$			+ \$360 =	\$
						Total Addit. Fee	\$		OR	Total Addit. Fee	\$
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5.		No a	additiona	l fee is require	ed.						
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A duplicate of this transmittal is attached.

FEE DEFICIENCY OR OVERPAYMENT

NOTE: Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6.
☐ If any additional extension and/or fee is required, charge Account No. 12-0425

AND/OR

If any additional fee for claims is required, charge Account No. 12-0425

AND/OR

Refund any overpayment to Account No. 12-0425

SIGNATURE OF PRACTITIONER

/ CLIFFORD J. MASS (type or print name of practitioner)

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